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Effects of Multiple Types of Maltreatment on Mental Health

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Effects of Multiple Types of Maltreatment on Mental Health

by

Harland Travis Boreen

A Doctoral Project submitted in partial satisfaction of
the requirements for the degree of
Doctor of Psychology

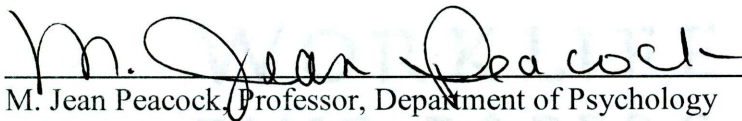
August 2008

Each person whose signature appears below certifies that this project in his/her opinion is adequate, in scope and quality, as a doctoral project for the degree of Doctor of Psychology.

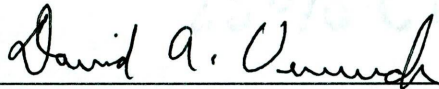


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DEDICATION

This Doctoral Project is dedicated to my family: Len and Lee Wenzel, Michael and Sheila McKnight, and Joe and Theresa Pimental.

CONTENTS

Approval Page.....	ii
Acknowledgements.....	iii
Dedication.....	iv
List of Tables	vi
Abstract.....	vii
Chapter	
1. Introduction.....	1
Definitions of Child Maltreatment.....	1
Research Linking Maltreatment to Mental Health Outcomes	6
2. Method	16
Participants.....	16
Measures	16
Childhood Sexual Abuse (Finkelhor, 1979)	16
Psychological Abuse (Briere & Runtz, 1990).....	17
Physical Abuse (Briere & Runtz, 1990)	17
Multiple Forms of Maltreatment.....	17
Hopkins Symptoms Checklist (HSCL).....	18
3. Results.....	19
Gender Differences for Sexual Abuse Perpetrated by Non-Family vs. Family	19
Gender Differences of Abuse Experienced (Physical/Psychological/Sexual)	20
Abuse Effects on Mental Health Outcome	20
4. Discussion.....	23
Summary and Conclusions	23
Limitations and Future Research	28
References.....	30
Appendix.....	33

TABLES

Table	Page
1. Chi Square Cross Tabulation of Gender and Sexual Abuse by Non-Family Versus Family	19
2. Chi Square Cross Tabulation of Gender and Mild, Moderate, and Severe Forms of Sexual Abuse	20
3. Intercorrelations Between Maltreatment Types and Mental Health Outcome Based on Gender	22

ABSTRACT OF THE DOCTORAL PROJECT

Effects of Multiple Types of Maltreatment on Mental Health

by

Harland Travis Boreen

Doctor of Psychology, Graduate Program in Psychology
Loma Linda University, August 2008
Dr. Faith H. McClure, Chairperson

Literature on childhood maltreatment has primarily focused on sexual abuse and, in limited instances, physical abuse. Typically, the samples are limited to females. This study was aimed at exploring gender differences in those sexually maltreated by family members versus non-family members. In addition, the effect of multiple types of maltreatment (psychological, physical, and sexual abuse) on mental health, and whether outcomes vary by gender were evaluated. The sample consisted of an archival data set from students who attended a southern California university. This study used a sample that included 131 females and 135 males. The results of the study indicated that males reported being sexually abused by non-family members more than females and females reported being abused by family members more than males. There were no significant gender differences in reported levels of psychological and physical abuse. However, males reported experiencing more severe forms of sexual abuse than expected and females reported experiencing more mild and moderate forms of sexual abuse than expected. Psychological abuse was found to be significantly correlated both with physical and sexual abuse. In addition, both psychological and physical abuse were found to be significantly correlated with mental health outcomes. However, psychological abuse was the only type of maltreatment to account for a significant amount of the variance in

mental health outcome. The relationship between abuse and mental health outcomes did not differ by gender. The study is limited in its use of a college sample, the fact that the data were collected cross-sectionally and retrospectively. Nevertheless, the results are significant in highlighting the long-term negative impact of psychological maltreatment even in a relatively well-adjusted sample such as a college population.

Introduction

Definitions of Child Maltreatment

According to the U.S. Department of Health and Human Services [USDHHS] (2005) Child Maltreatment 2003 report, 2.9 million referrals to various State and other local child protective services (CPS) for the fiscal year 2003 alleging some form of child abuse or neglect were made. Of these 2.9 million referrals, approximately 57% were made from mandated reporters (such as teachers, mental health professionals, physicians and so forth). The remaining 43% were from non professionals including friends and neighbors (Children's Bureau Express, Apr 2005). Of these, a third, or approximately 906,000 were found to be substantiated cases of child abuse or neglect. It is important to keep in mind that these figures represent only the documented referrals and that many additional cases of abuse and neglect go undetected and unreported.

Despite these significant numbers, the definition of maltreatment is a broad term which hinders research that tries to identify the effects of abuse. According to the U.S. Department of Health and Human Services (2005), child maltreatment is defined as: "An act or failure to act by a parent, caregiver, or other person as defined under State law that results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child" (USDHHS, 2005). When the broad term "maltreatment" is used, it can be difficult to understand research findings (Higgins & McCabe, 2001). The lack of clarity in defining the term "maltreatment" caused many researchers to focus on more overt forms of abuse (such as physical abuse). Sexual abuse later became a topic of much research. However, even then, much controversy surrounded the definition of sexual abuse – was sexual

coercion between a five and ten year old considered sexual abuse? Did force, actual physical contact, certain age differences, or evidence of some obvious psychological or physical impact need to be evident for the incident to be considered abusive? The definitional challenge became more problematic when studying psychological and emotional abuse – at what point did yelling, name-calling, and so forth become emotionally abusive? In addition, many clinicians and researchers claimed that emotional abuse could be deemed both a unique and independent form of maltreatment, as well as, a form of maltreatment that frequently co-occurred with other types of maltreatment (e.g., with physical abuse, sexual abuse, etc.) This lack of clarity and consistency in definitions is one complexity researchers in this area have faced.

Physical abuse can be defined as a “type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child” (USDHHS, 2005). Physical abuse often includes behaviors such as kicking, shoving, burning a child, belting or paddling, and so forth. What has been considered physical abuse has changed over the years. There may also be a difference in perceptions regarding physical abuse. One may need to consider the context of the physical contact and/or the intent of the individual inflicting the physical harm to the child. For example, Barkin, Scheindlin, Ip, Richardson, and Finch (2007) indicated that parents tend to utilize the methods of discipline they experienced as children. Therefore, it is arguable that parents will utilize corporal punishment in the same context in which corporal punishment was utilized by their parents. However, what was once considered an acceptable way to physically punish a child may not be the case in certain states. For example, in the state of California,

Corporal punishment as a form of discipline (spanking) is legal, but may become child abuse, depending on the manner and severity of the discipline. Corporal punishment can become abusive when a parent (or teacher, scoutmaster, adoptive parent, neighbor) uses extreme or inappropriate forms of corporal punishment. When corporal punishment is administered in an out-of-control way, out of anger and frustration, with a high degree of force, or when forms of corporal punishment are used that are not in relation to the child's developmental age, or with objects, such as belts, cords or brooms, it is child abuse. (Women's Rights Handbook, 1998, chap. 7)

Signs of physical abuse often leave visible signs that the abuse has occurred. This is not the case with abuse of a psychological or emotional nature.

Psychological or emotional abuse can be defined as a "type of maltreatment that refers to acts or omissions, other than physical abuse or sexual abuse that caused, or could have caused, conduct, cognitive, affective, or other mental disorders. [This] includes emotional neglect, psychological abuse, and mental injury.

[Psychological/emotional abuse] frequently occurs as verbal abuse or excessive demands on a child's performance" (USDHHS, 2005). Examples of psychological abuse often include verbal statements that are meant to demean, degrade, isolate, terrorize, corrupt, exploit, and/or reject the child, which may include yelling at the child or telling a child that he/she is stupid, fat, lazy, etc. (Gross & Keller, 1992). What one considers "yelling" may not be the same for every individual. This again can vary depending on the context of the situation and/or the intent of the individual yelling. If a parent is yelling at his/her child to get out of the way of an oncoming car, this would most likely not be considered a form of psychological/emotional abuse. However, many individuals would consider a parent yelling at a child and telling him/her that he/she is "a stupid idiot that will never amount to anything" an example of psychological/emotional abuse. Many believe that psychological/emotional abuse is more damaging to the victim than physical abuse. This

could be that the harm from most physical abuse will heal. Psychological/emotional abuse tends to have more lasting effects, and it is not easy to determine how or when an individual 'heals' from this form of abuse. Physical abuse can also have a component of psychological/emotional abuse, and it is this psychological component of the abuse that has lasting effects. The harmful effects of psychological/emotional abuse are also often seen in victims of sexual abuse.

Sexual abuse is "a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities" (USDHHS, 2005). As the definition implies, sexual abuse includes various forms and it can vary regarding the level of sexual contact. Some researchers have suggested that it may not necessarily be the severity of abuse that determines its impact, rather, the support the child receives from the family when the abuse is reported that determines its impact (Kendall-Tackett, Williams, and Finkelhor, 1993). As alluded to earlier, many believe that sexual abuse carries with it a component of psychological/emotional abuse. The extent of this added maltreatment may vary by whether the abuse was perpetrated by a family member or by a stranger. Some speculate that sexual abuse perpetrated by a family member involves more psychological harm than when perpetrated by a stranger, which may be largely due to the family's response to the abuse (Kendall-Tackett, et al., 1993). Kendall-Tackett, et al. (1993) found that victims recovered more quickly when they had support from their mother. The manner of the aforementioned support was that the parental figure believed the child's account of the abuse, as well as behaved in a way

that demonstrated protection regarding the child. An often confusing aspect of sexual abuse for children is the pairing of something that is meant to be pleasurable with something that is wrong and/or inappropriate. Children are socially conditioned not to expose their genitalia or have contact with another individual's genitalia. When this occurs, and especially if pleasure is associated with the experience, it creates a sense of conflict for the child. If he/she tells of the inappropriate exposure/contact, he/she may never experience the associated pleasure again. There is also the breakdown of trust children have of an adult figure doing or instructing him/her to do things that the child believes to be wrong. This leads the perpetrator to often instruct the victim to not tell anyone of their 'secret' experience. Kendall-Tackett, et al. (1993) state that "the impact of sexual abuse is more complicated [than other forms of abuse] because it produces multifaceted effects" (p. 174). These multifaceted effects may be why sexual abuse is one of the most studied of the different forms of child maltreatment.

Other categories of maltreatment such as neglect, medical neglect, witnessing family violence, abandonment, threats of harm to the child, congenital drug addiction, and so forth, will not be a part of this study. Neglect is gaining attention in the literature and is a prevalent form of child maltreatment; however, many cases of neglect end in premature death or victims who suffer from pervasive detriments that often result in many of these victims not attending college. Since the population of this study will be undergraduate college students, the author has decided to not include victims of neglect in this study. The other previously mentioned maltreatment categories are difficult to determine and/or are out of the scope of this study and will also not be included. This

study will focus on the following maltreatment categories: psychological/emotional abuse, physical abuse, and sexual abuse.

Of the approximately 906,000 substantiated cases of child abuse and neglect, 20% were physically abused, 10% sexually abused, and 5% emotionally maltreated (USDHHS, 2005). Of particular relevance for this study is the fact that many children are victims of more than one type of maltreatment. Sher, Forde, McQuaid, and Stein (2004) found in a study of 967 male and female participants that 13% percent were victims of multiple forms of maltreatment. They also claim that many epidemiological studies tend to only include sexual and physical maltreatment types and suggest that there is a need for further research on multi-type maltreatment, and the effects it has on its survivors.

Research Linking Maltreatment to Mental Health Outcomes

Child maltreatment is a topic that many may want to avoid discussing because it is considered a taboo subject by our American society. It touches on emotional, often primitive, natures in us as human beings. It can be very difficult for people to talk about an experience that has not been resolved or thoroughly processed, especially when it is so strongly connected with various emotions – anger, hatred, betrayal, rejection, compassion, love, sympathy, etc. We are realizing that child maltreatment is a common experience. Many individuals may not know how his/her experience of maltreatment is affecting his/her current functioning. Others that know it is affecting them may not know how to go about dealing with it or how to seek help for the symptoms they are experiencing.

Child maltreatment has many potentially negative outcomes. Victims of childhood maltreatment often suffer from various symptoms. Some of these symptoms

may start from the time the maltreatment begins, while other symptoms may not develop until years later. Often numerous symptoms are present. Symptoms survivors of childhood maltreatment may experience range from bodily symptoms (e.g., headaches, nausea) to psychological symptoms (e.g., anxiety, anger, depression, flashbacks) (Finkelhor & Browne, 1985; Litrownik & Castillo-Canez, 2000; Merrill, Guimond, Thomsen, & Milner, 2003; Putnam, 2003).

Studies have been done that look at the mental health outcomes of victims from either childhood sexual abuse (CSA) alone or in combination with other forms of maltreatment (Finkelhor & Browne, 1985; Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997; Merrill, et al., 2003; Little & Hamby, 1999; Higgins & McCabe, 1994). Most of these studies primarily looked at outcomes in females or were limited in their significance with males due to a limited sample size. Finkelhor and Browne's (1985) hallmark study on traumagenic dynamics of CSA states that CSA can distort a victims world view, his/her affective capacities and self-concept, as well as alter his/her emotional and cognitive orientation to the world. One could also create a long list of negative symptoms that could result from having experienced CSA: increased hostility, anger, grief, depressive symptoms, shame, substance abuse, criminal activity, prostitution, preoccupation with sex, fear, anxiety, unusual need to control or dominate, and/or impairment of one's coping skills (Finkelhor & Browne, 1985; Putnam, 2003). This list demonstrates the significant impact that just one form of maltreatment (sexual abuse) can have on its victims. Putnam (2003) contends that CSA can lead to diagnosable mental health disorders such as major depression, bulimia nervosa, borderline personality disorder, dissociative identity disorder, and somatization disorder. In a study by Roth, et

al. (1997), it was concluded that women who have been victims of sexual and physical abuse are at an increased risk for complex posttraumatic stress disorder, which can include problematic interpersonal functioning, adaptational style, self-regulation, and self-definition. This risk is even greater for women who have been victims of both sexual and physical abuse (Roth, et al., 1997).

Victims of physical abuse have been known to exhibit another range of symptoms: withdrawal, an impaired ability for enjoyment, hypervigilance, below-average IQ, precocious behavior, and varying degrees of low self-esteem (Gross & Keller, 1992). Physical abuse has also been linked to an increase in anger and aggression in undergraduate females (Briere & Runtz, 1990). Again, it is apparent that physical abuse has adverse effects in the mental health outcomes of its victims. Gross and Keller (1992) found that being victim to both physical and psychological abuse leads to an increased tendency toward depression.

Psychological abuse tends to be the least studied of the three aforementioned forms of maltreatment (physical, sexual, and psychological abuse) (Higgins & McCabe, 2001). Few studies look at psychological maltreatment alone, thus it can be difficult to determine its effects from the combined effects of other forms of maltreatment (Gross & Keller, 1992). Of the studies examining psychological abuse, long-term effects of this form of maltreatment are decreased levels of self-esteem, major depression, and/or suicidal ideation (Briere and Runtz, 1990; Gross and Keller, 1002; Bifulco, Moran, Baines, Bunn, & Stanford, 2002). Suicidal ideation is a serious, life-threatening symptom to be considered for such an inadequately studied form of maltreatment. Bifulco, et al. (2002) found that adults who have experienced psychological maltreatment as children

are likely to develop recurrent or chronic adult depression. Many factors (e.g. family cohesion, experiencing childhood sexual abuse, etc.) may contribute to this connection of childhood psychological maltreatment and adult depression, but some speculate that decreased self-esteem from experiencing psychological abuse may result in a myriad of symptoms including dysfunctional thought patterns, which can contribute to depressive symptoms. Contrary to what other already mentioned studies have found, Briere and Runtz (1990) found that low self-esteem is uniquely associated with psychological abuse. Self-esteem is a construct that can contribute to many other adverse mental health outcomes such as depression, withdrawal, shame, etc. It was also found that physical and psychological abuse often co-occurred which can result in the victim experiencing general psychosocial problems (Briere and Runtz, 1990). Further research is warranted in looking at the unique contribution psychological maltreatment has on overall adult mental health.

These negative symptoms an individual may experience are sometimes attributed to the characteristics of the abuse, but, as previously mentioned, are more often believed to be moderated by characteristics of the family, especially how the family responds to reports of the abuse (Kendall-Tackett, et al., 1993). Some victims of childhood maltreatment may develop negative symptoms; however, research indicates that victim symptomology varies and that there are victims that may not experience any symptoms at all (Kendall-Tackett, et al., 1993). Kendall-Tackett, et al. (1993) report that victims not experiencing symptoms may experience symptoms later in life or they may have had families that responded supportively to the disclosure of the abuse. They also suggest that asymptomatic children may be children who are more resilient. These resilient children

are those that have “the most psychological, social, and treatment resources to cope with the abuse” (Kendall-Tackett, et al., 1993, p. 170).

The area of childhood maltreatment, especially CSA, is a complex issue with numerous variables to be considered (e.g. severity, frequency, age at initial contact/abuse, etc.). One variable that has not been adequately studied is the effects on victims who experience more than one type of maltreatment (Higgins & McCabe, 1994; Higgins & McCabe, 2001). Previous research conducted on CSA tended to study it as a unitary construct. However, it has been found that CSA is likely to co-occur with different forms of child maltreatment: psychological abuse, neglect, physical abuse, and witnessing violence (Briere & Runtz, 1990; Gorss & Keller, 1992; Higgins & McCabe, 1994; McCabe & Higgins, 2001). McCabe and Higgins (2001) used the term “multi-type maltreatment” to help define when an individual experiences multiple forms of maltreatment (physical abuse, psychological abuse, sexual abuse, neglect, and/or witnessing family violence). Research indicates that when one experiences multiple types of maltreatment that they exhibit more adjustment problems than when they experience only one form of maltreatment (Briere & Runtz, 1990; Higgins & McCabe, 2000; Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997). This is a result that many would expect. If one form of maltreatment results in negative outcomes than it would seem logical that experiencing numerous forms of maltreatment would result in more or worse negative outcomes.

Research has been conducted that evaluates the co-occurrence of some forms of maltreatment; however, most of this research has only included a few categories of maltreatment (Higgins & McCabe, 2001). Higgins and McCabe (2001) conducted a

meta-analysis of 29 studies that included multiple types of abuse, which focused on some combination of physical abuse, sexual abuse, psychological abuse, witnessing family violence, and/or neglect. Of these 29 studies, approximately one-half researched only two different types of maltreatment, which often consisted of only physical and sexual abuse. Psychological abuse was one of the most overlooked maltreatment types in the 29 studies (Higgins & McCabe, 2001). When research does not include multiple maltreatment types, it can limit the ability of the study to definitively conclude which outcomes present in maltreated children are results of a certain type of maltreatment versus those that have been subjected to multiple types of maltreatment.

While it is important to evaluate multiple forms of maltreatment simultaneously, the issue of gender also needs to be considered. As such, the current research is intended to provide some insight into how genders vary in their response to multi-type maltreatment separately. Lack of understanding of gender differences is illustrated in the previously mentioned meta-analysis by Higgins & McCabe (2001). Of the 29 studies evaluated, 13 studied female participants, 12 studied combined effects of females and males, three studied male participants, and one study did not specify the gender of the included sample (Higgins & McCabe, 2001). It thus appears that there are not many studies that adequately compare the differences between how men and women differ in the effects of CSA when multiple types of abuse are taken into account.

The current research on the effects of CSA has put more emphasis on female survivors and less emphasis on male survivors. Some attribute the lack of research focused on males to the idea that males are not victimized as often as females. It is difficult to determine if males are less likely to experience CSA or if they are less likely

to report having been sexually abused. After reviewing 16 cross-sectional surveys, Gorey and Leslie (1997) found that 12-17% of females versus 5-8% of males experience CSA, CSA which included physical contact. Speculation regarding why there are differences in female versus male self-reports of CSA include, according to Holmes, Offen, and Waller (1997), the possibility that 1) the effect of CSA is different in females than in males, 2) males are abused by different perpetrators than females (e.g., strangers versus family members or close friends) or 3) men did not, in the past, consider certain behaviors (e.g., an invitation to engage in a sexual act) as sexual abuse.

It is only recently that gender differences have been recognized in how CSA victims express the effects of the abuse (Feiring et al., 2001; Feiring et al., 1999; Little & Hamby, 1999). Gender differences have been noted in the mental health outcomes of CSA victims, but the findings have not been consistent (Fontanell, Harrington, & Zuravin, 2000; Little & Hamby, 1999). Little and Hamby (1999) found that among therapists that have been sexually abused, females report significantly poorer outcomes than males do. One reason for this may be that often women are abused by family members and this makes it harder for them to get support from significant others when they report the abuse; in addition, the abuse, when in the family, is occurring with someone they trust, increasing their sense of betrayal. In this particular study, the authors suggested that a reason for the gender difference in response to sexual abuse may be a result of males not disclosing of the abuse and of its effects due to societal expectations. Society may look at men who have been sexually abused as being less masculine or consider them to be weak for not being able to cope with having been abused. Banyard, Williams, and Siegel (2004) report that male survivors of CSA show similar results as

women, in that the negative outcomes they experience “are often associated with characteristics of the abuse, including a perpetrator’s use of force and more invasive types of CSA, and the victim’s identification or labeling of the experience as sexual abuse” (p. 224). Research has shown that females tend to be sexually abused by family members, whereas males tend to be sexually abused by non-family members. Thus, men and women may respond or try to “restore” from the abuse in different ways. This “restoring from abuse” is viewed as ways the individual finds to cope with having been abused. For example, Little and Hamby (1999) suggest that females may engage in more self-blame than males. That is, females are more likely to engage in internalizing and thus experience depression, anxiety, and shame—all of which are symptoms of “powerlessness” (Feiring et al., 1999; Little & Hamby, 1999). Men, on-the-other-hand, tend to find ways to assert their power and one way may be by becoming perpetrators themselves – by becoming victimizers. It is however important to note that although not all men who have been sexually molested become sexual molesters, sexual molesters often report a history of being molested. This suggests a “restorative” mechanism that differs from the “powerlessness” route observed in many women survivors. In addition, Banyard, et al. (2004) report that males are more likely to be victims of more than one type of abuse and have less support from others when disclosing the abuse, which may result in these males having poorer psychological adjustment. This finding, which differs from the one reported by Little & Hamby (1999) where they found that female CSA survivors reported poorer outcomes than males CSA survivors provides justification for further research comparing similar male and female samples on the long-term impact of childhood abuse. Clearly, participant characteristics (e.g., use of university, community,

or clinical populations), the abuse characteristics evaluated (e.g., sexual, physical, and/or psychological abuse), and the outcomes assessed (e.g., depression, anxiety, somatic symptoms, and/or overall psychological or physical health) will affect the research findings.

As previously noted, there continues to be a need for research that looks at victims of multiple forms of maltreatment versus those that have experienced only one form of maltreatment, and how the outcomes of these victims vary by gender. This particular study explored the following research questions:

(1) Are males and females equally likely to be sexually maltreated by family members or by non-family members? Based on previous research, it was hypothesized that males would report experiencing more maltreatment that was perpetrated by non-family members while females would report experiencing more maltreatment that was perpetrated by family members.

(2) Do males and females report similar levels of maltreatment? It was hypothesized, based on the literature, that females would report disproportionately higher levels of sexual maltreatment than males. It was unclear, however, from the literature, whether the rates of psychological and other forms of maltreatment are similar based on gender. This project was thus exploratory in terms of the relative distribution of maltreatment rates by gender.

(3) What is the relationship between the three types of maltreatment and mental health? It was anticipated that each maltreatment type would have a negative impact and that the cumulative effects would be most deleterious to mental health.

(4) What is the relative impact of the three types of maltreatment on overall mental health and does this differ by gender? Based on previous research, it was expected that psychological maltreatment would account for the greatest variance in the mental health outcomes for females. Flores (2005) found that, "In females, when each individual predictor was examined, psychological abuse was the only predictor to make a unique contribution to poor psychological adjustment" (p. 10). However, since relatively less work has been done with men with regard to this issue, no specific hypothesis was made about the relative contribution of each form of maltreatment to psychological outcome and this evaluation was considered exploratory. We were cognizant of the possibility that the stigma associated with sexual abuse may have relatively greater impact than the other forms of maltreatment.

Method

Participants

The sample consisted of an archival data set with information from students who had attended a southern California University. The sample included 131 females and 135 males, which were recruited for this study from various general education courses. The sample included the following races: Afro-American (12.9%), Latino (25.0%), White (48.5%), Asian (3.8%), and other (9.8%). The sample included subjects aged 18 to 64 with 18-year-olds being the most represented with 11.6% of the sample. Every participant was treated in accordance with the "Ethical Principles of Psychologists Code of Conduct" (American Psychological Association, 1992).

Measures

Childhood Sexual Abuse (Finkelhor, 1979). Finkelhor's (1979) "Childhood Experiences" survey was modified and used to include 10 items in the present study that assessed for sexual abuse. Responses regarding sexual abuse were divided into three subcategories: mild, moderate, and severe. The mild responses (see Appendix; items 9a-d) involved a verbal request, kissing or hugging in a sexual way, or showing sexual organs to one another. Moderate responses (see Appendix; items 9e-h) involved fondling or touching in a sexual way. Severe responses (see Appendix; items 9i-j) involved intercourse with or without penetration. Family members were identified as: (a) niece/nephew, (b) brother/sister, (c) aunt/uncle, (d) grandparent, (e) step-parent, and/or (f) parent, whereas non-family members were identified as: (a) stranger, (b) person you

knew but not a friend, (c) friend of yours, and/or (d) friend of a parent (see Appendix; item 13). Subjects were only included in this study if the age difference between the subject and the perpetrator was at least 5 years and the sexual experience happened before the subject was 16-years-old. State sexual abuse laws vary; however, most deny an individual under the age of 16 to give consent for sexual contact with a sexual partner that is 5, or more, years older.

Psychological Abuse (Briere & Runtz, 1990). Briere and Runtz's (1988) parental psychological abuse scale was used to assess for the subjects' overall level of psychological abuse inflicted from both mother and father. The subjects were asked to indicate the frequency, on a scale of 0-6, of seven different items' occurrence in an average year prior to the age of 16. These items referred to a mother's and/or father's behavior, which included such things as, "Yell at you," "Insult you," and "Embarrass you in front of others" (see Appendix; items 34-40). The combination of both mother and father's behavior was used to create a score for overall psychological abuse. The scores ranged from 0-42 for each subject. This study reported a reliability coefficient of .87.

Physical Abuse (Briere & Runtz, 1990). Briere and Runtz's (1988) parental physical abuse scale was used to assess for the subjects' overall level of physical abuse inflicted from both mother and father. The subjects were asked to indicate the frequency, on a scale of 0-6, of five different items' occurrence in an average year prior to the age of 16. These items referred to a mother's and/or father's behavior, which included such things as, "Slap you," "Beat you," and "Hit you really hard" (see Appendix; items 41-45). The scores ranged from 0-30 for each subject. The combination of both mother and

father's behavior was used to create a score for overall physical abuse. This study reported physical abuse reliability coefficients to be between .75 and .78.

Multiple forms of maltreatment. The scores from sexual abuse, psychological abuse, and physical abuse items were combined to determine effects of multiple forms of maltreatment.

Hopkins Symptoms Checklist (HSCL) (Derogatis, Lipman, Rickles, Uhlenhuth, & Covi, 1974). The HSCL uses items to assess for such constructs as: interpersonal sensitivity, depression, somatization, and anxiety. These items asked to rate (range from 1-4) how often (in the last three months) did you "Feel critical of others," "Feel easily annoyed or irritable," "Feel confused," "Cry easily," "Suffer from pains in the lower part of your back," "Feel fearful," "Have difficulty making decisions," "Feeling tense or keyed up," etc. (see Appendix; items 46-108). This study used the 57 item version of the HSCL with an additional five items from Briere and Runtz's (1990) scale that tapped "dissociative" experiences (e.g., "Not feeling like your real self") to determine a subject's overall mental health adjustment. The scores from these 63 items were averaged and then used in the analysis. This study reported reliability coefficient's between .84 and .87.

Results

The results section will answer the hypotheses and research questions in the order that they were presented. The first section presents the results of whether males and females are equally likely to be sexually maltreated by family members or by non-family members. The findings regarding whether males and females report similar levels of maltreatment will then be presented. Lastly, the effects of the three types of maltreatment on mental health and whether this differs by gender will be presented.

Gender Differences for Sexual Abuse Perpetrated by Non-Family vs. Family

To evaluate whether males reported experiencing more abuse by non-family members than family members, a chi-square test of independence was conducted, which yielded significant results, $\chi^2(1, N = 260) = 6.02, p < .05$. As shown in Table 1, males reported experiencing more abuse by non-family members than expected and reported experiencing less abuse by family members than expected. In contrast, females reported experiencing more abuse by family members than expected and reported experiencing less abuse by non-family members than expected. (see Table 1).

Table 1					
<i>Chi Square Cross Tabulation of Gender and Sexual Abuse by Non-Family versus Family</i>					
		Non-Family	Family	Total	
Gender	Male	<i>n</i>	110	24	134
	Expected		101.5	32.5	
	Difference		8.5	-8.5	
	Female	<i>n</i>	87	39	126
	Expected		95.5	30.5	
	Difference		-8.5	8.5	
Total	<i>n</i>	197	63	260	

Gender Differences of Abuse Experienced (Physical/Psychological/Sexual)

To answer the question of whether males and females report similar levels of physical and psychological abuse, a one-way MANOVA was conducted with gender as the independent variable and physical and psychological abuse as the dependent variables. The results of the evaluation of assumptions of normality and homogeneity of variance and covariances were satisfactory. The overall omnibus test (Wilks-lamda) indicated no significance in the model, $p > .05$.

A chi-square test of independence was run to answer whether there was a gender difference between the three factors of sexual abuse (mild, moderate, and severe). The results were found to be significant, $\chi^2(2, N = 266) = 25.58, p < .001$. Males reported experiencing more severe forms of sexual abuse than expected. Females reported experiencing more mild and moderate forms of sexual abuse than expected. (see Table 2).

Table 2					
<i>Chi Square Cross Tabulation of Gender and Mild, Moderate, and Severe forms of Sexual Abuse</i>					
		Mild	Moderate	Severe	Total
Gender	Male <i>n</i>	23.0	55.0	57.0	135.0
	Expected	37.0	57.9	40.1	
	Female <i>n</i>	50.0	59.0	22.0	131.0
	Expected	36.0	56.1	38.9	
Total	<i>n</i>	73.0	114.0	79.0	266.0

Abuse Effects on Mental Health Outcome

A correlation analysis was performed to examine the relationships between the three maltreatment types and mental health outcomes. As shown in Table 3, the results

indicated that parental-inflicted psychological and physical abuse are significantly correlated with mental health outcome, $r = .38$, $p < .01$, and $r = .24$, $p < .01$, respectively. The more psychological and physical abuse a subject reported, the poorer his/her mental health adjustment based on his/her responses to the HSCL items. That is, mental health distress was significantly associated with childhood physical and psychological abuse. The researchers expected sexual abuse to be significantly correlated with mental health outcomes, but the results indicated an insignificant relationship in this study. Psychological abuse was also found to be significantly correlated with physical and sexual abuse, $r = .60$, $p < .01$ and $r = .11$, $p < .05$, respectively. That is, there was a significant association between reports of psychological abuse and reports of sexual and physical abuse. The correlation analysis supported the aforementioned results that males report experiencing more severe sexual abuse, $r = -.31$, $p < .01$. (see Table 3).

A standard multiple regression analysis was run (mental health outcome as the criterion variable and parental psychological abuse, parental physical abuse, and sexual abuse as the predictor variables) to evaluate which of the maltreatment types explained the greater amount of variance in mental health outcome. The overall model was significant, $F(3,246) = 15.96$, $p < .001$, with the three maltreatment types accounting for 16% of the variance. However, parental psychological abuse was the only maltreatment type to have a significant influence ($sr^2 = .09$) on mental health outcomes, ($\beta = .38$) $t = 5.24$, $p < .001$. A t test was then performed to evaluate if the parental psychological abuse impact on mental health outcome differed by gender. The t test was not significant and indicated that mental health outcomes did not differ by gender for those that experienced psychological abuse.

Table 3

Intercorrelations Between Maltreatment Types and Mental Health Outcome Based On Gender

		Gender	MH Outcome	Psych. Abuse	Physical Abuse	Sexual Abuse
Gender Male = 1 Female = 2	Pearson	-----				
	Sig. (1-tailed)	-----				
	<i>n</i>	-----				
Mental Health Outcome	Pearson	.09	-----			
	Sig. (1-tailed)	.07	-----			
	<i>n</i>	265	-----			
Psychological Abuse	Pearson	<.01	.38**	-----		
	Sig. (1-tailed)	.49	<.01	-----		
	<i>n</i>	263	263	-----		
Physical Abuse	Pearson	-.03	.24**	.60**	-----	
	Sig. (1-tailed)	.34	<.01	<.01	-----	
	<i>n</i>	253	253	251	-----	
Sexual Abuse	Pearson	-.31**	-.05	.11*	.09	-----
	Sig. (1-tailed)	<.01	.22	.04	.08	-----
	<i>n</i>	265	264	262	252	-----

** Correlation is significant at the .01 level (1-tailed).

* Correlation is significant at the .05 level (1-tailed).

Discussion

Summary and Conclusions

Although maltreatment has consistently been associated with harmful effects, previous research has been inconclusive on the long-term effects of varying types of maltreatment and the possible differences between experiencing only one type versus experiencing all types of maltreatment. The effects of maltreatment and the differences based on gender have been limited in previous research. This may be partly due to the fact that males are less likely to admit to sexual maltreatment and are less likely in general to participate in research, or have generally been less systematically included in the research on this topic until recently.

Previous research reports that victims of childhood maltreatment have better means of coping when they have the support of family (Kendall-Tackett et al., 1993). Family support tends to be mediated by whether the perpetrator is from within the family or outside the family. When the perpetrator is within the family there seems to be less family support for the victim and when the perpetrator is outside the family there seems to be more family support. Males in this study reported experiencing more sexual abuse by non-family members and the abuse they experienced tends to be of a more severe form. Females reported experiencing more abuse by family members and the abuse they experienced tended to be of a moderate form. The abuse females may experience may be of a more moderate form, but it may also last for a longer period of time. Since females experience more abuse by family members it may be that the perpetrator has regular access to the victim versus the access a non-family member may have. It is difficult to know if it is the severity of the abuse or the length of time it is endured that makes for

significant differences in mental health outcomes. Further research needs to address these issues of females experiencing abuse over longer periods of time versus males and whether the family relationship and reaction at the time of abuse disclosure can mediate the mental health outcome of the victim.

The results for differences between males and females regarding psychological and physical abuse were insignificant. The standard deviations indicated that there was a limited range for this population. This may have been due to subjects minimizing the abuse he/she actually experienced or that he/she has varying definitions of what constitutes psychological and physical abuse. What one individual includes or defines as parental insults or embarrassments may not be the same across subjects. A suggestion for future research would be to include questions that ask a subject to relate his/her childhood experiences to others' experiences. Possible questions might include, "Did your friends tell you that he/she thought your parents were particularly harsh/insulting/embarrassing?," "Did other relatives (aunts/uncles/grandparents) apologize for your parents' words or behavior?," "Compared to your friends, did you receive harsher punishments?" Another possible reason there were insignificant results regarding psychological and physical abuse is that this study consisted of a specialized population (college students) that have already demonstrated that they coped well with the struggles required of attending college. People who have made it to college may already possess increased resiliency that has also helped them cope with any childhood maltreatment they have experienced.

The results from the chi-square of gender and the three factors of sexual abuse indicate that men report experiencing more severe forms of abuse than expected and

females reported experiencing more mild and moderate forms of sexual abuse. As previously mentioned, this may be a result of males reporting more sexual abuse from non-family members. The duration of the sexual abuse was not accounted for in this study's analysis. Therefore, it is uncertain if the duration of the sexual abuse or severity of abuse would better account for mental health outcomes. In addition, it was not clear from this study what role family support played in mental health outcomes although other studies suggest that the support a child sexual abuse survivor receives may buffer the negative mental health symptoms that he/she may experience (e.g., Kendall-Tackett et al., 1993).

A significant effect on mental health outcomes based on gender was not observed. This may be due to the relatively small sample size, the fact that we were dealing with a relatively well-adjusted population or other factors that were not considered in this study. However, the results indicate that psychological and physical abuse are associated with long-term mental health adjustment, even in a relatively "resilient" group such as college students. As previously mentioned, we found the finding that sexual abuse was not significantly correlated with mental health outcomes unusual. It is speculated that this population may have had more positive responses from family members after disclosing of sexual abuse, which could have reduced negative long-term effects on mental health outcomes. Further, psychological abuse was significantly correlated with both physical and sexual abuse, which suggests that it is a form of abuse that is pervasive and is likely to be co-present when other forms of abuse are perpetrated.

In this study, psychological abuse was the only maltreatment type that accounted for a significant amount of the variance in mental health outcome. The results of this

study support and provide further documentation for the importance of systematically evaluating psychological abuse. According to Sachs-Ericsson, Verona, Joiner, & Preacher (2006), children who experience psychological abuse are more inclined to develop negative self-schemas and self-criticism as a result of the abuse. A negative cognitive style that is learned in childhood often gets carried on into adulthood. The abuse survivor learns at an early age to internalize negativity and this can become a stable, global, and internal feature of his/her life (Sachs-Ericsson, et al., 2006). The findings of this study appear to supplement the Sachs-Ericsson et al. study in that psychological abuse accounted for a significant amount of the variance in mental health outcome even in this sample of a relatively high functioning sample (i.e., college students). Similar associations between psychological abuse and mental health were reported by Spertus, Yehuda, Wong, Halligan, and Seremetis (2003) in a sample of adult women presenting at a primary care practice. The results noted that psychological abuse predicted later psychopathology (depression, anxiety, somatic complaints) even after partialling out other forms of abuse. Thus, the results of the present study reiterate the significance that psychological abuse has in mental health outcomes.

In summary, this study's findings are important because it is only in recent years that child abuse laws have included mandated reporting on psychological abuse. It is of concern that psychological abuse often goes unreported, and yet, it can be more pervasive and have more deleterious effects on mental health than of all the abuse types that are typically assessed. The findings of this study are particularly important for clinicians working with young children; they suggest that it is important to more thoroughly assess for psychological abuse so that the effects can be addressed systematically and at an

earlier stage. Early intervention should start with training early-childhood educators in recognizing psychological abuse in children. Recognizing psychological abuse can be difficult since the effects of psychological abuse vary from symptoms of insecure attachments to caregivers, few friends, academic problems, and lack of creativity to aggression, anxiety, and hostility (Barnett, Miller-Perrin, & Perrin, 1997, p. 126). However, clinicians can provide consultations with educators on how children can be questioned or evaluated to further assess for psychological or emotional maltreatment. Early intervention is important for reducing the long-term effects victims may endure throughout their lifetime. The fact that college students in this sample, who are considered a resilient population, continue to report long-term effects of childhood abuse suggests that early intervention is important. Prevention would be an ideal 'early intervention', where parents are educated on the effects their words and behavior can have on their child's mental health. However, clinicians are usually involved with a family after the maltreatment has occurred. Dufour and Chamberland (2004) conducted a meta-analysis regarding the effectiveness of certain interventions for maltreated children that were staying in their homes. Some studies that were included in their analysis indicate that cognitive-behavioral interventions such as increasing parental verbal responses and reinforcing positive behaviors were shown to have positive effects. Another type of treatment or intervention that had positive effects was support groups for parents. These support groups allowed parents of maltreated children to share experiences, offer mutual support, and provide resolutions to difficulties. Clinicians should include the entire family whenever possible to treat a family member that has experienced maltreatment. This would facilitate a supportive family environment that

was previously mentioned to be a mediating factor for reduced long-term effects of maltreatment.

Limitations and Future Research

This study was limited in that the population evaluated included only college students. As previously mentioned, there may be an increased resiliency and/or coping mechanisms in those that attend college and this may have impacted the outcomes observed as well as the types of maltreatment that were reported. Further research that evaluates a more diverse sample will be useful in verifying the robustness of the current study's findings. Nevertheless, it is instructive to note that even in this sample, there continues to be a negative impact of experiencing maltreatment during childhood. These findings highlight the importance of early intervention, especially the importance of addressing the often subtle, yet very damaging effect of psychological abuse.

Future research may want to direct its focus on how future studies can differentiate between exclusive psychological abuse and psychological abuse that is combined with the experience of physical and/or sexual abuse. Psychological abuse is an understudied area of childhood maltreatment and the now known negative effects of this form of maltreatment warrants further research on this area. Hopefully, further research will provide better information on how to better intervene to minimize the impact of this type of abuse.

The differences between males and females should continue to be looked at so we can better understand coping processes and whether intervention strategies ought to vary by gender. This study found that males tend to experience more sexual abuse from non-family members and that they reported experiencing more severe forms of abuse. In

contrast, females reported experiencing more mild and moderate forms of sexual abuse. Future research may want to look at how the duration of abuse and the severity together affect mental health outcomes and how to facilitate reporting and receiving support from significant others when reports are made so psychological well being can be maximized.

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Appendix

INFORMED CONSENT FORM Childhood Experiences and Current Adjustment in College Students

I am volunteering to participate as a subject in this study. I understand that the purpose of the study is to investigate the impact of early childhood experiences and childhood family environment on later adjustment in college students. I understand that I will be asked to complete a paper and pencil questionnaire which will include questions about any childhood stressors (family death, major illness, natural disaster, physical abuse or assault, sexual abuse or assault) I may have experienced. I will also be asked questions about my psychological health, drug use, how I feel about myself and to what I attribute some of the events in my life. I am aware that some of the questions will be personal and while I may feel uncomfortable, they represent minimal risk to me.

I understand my name will NOT be included on the survey itself and that my ANONYMITY WILL BE MAINTAINED AT ALL TIMES. I also understand that my participation in this study is voluntary, that all my questions will be answered, that I may refuse to answer any questions at any time, and that I may withdraw from the study at any time without penalty. This questionnaire will take 60-90 minutes to complete.

I understand that all information collected in this study will be treated as anonymous, with no details released to anyone outside the research staff, and that the data will be reported in summary form. I understand that I may derive no specific benefit from participation in this study, except perhaps from feeling that I have contributed to the development of knowledge about childhood experiences and how they may affect later adjustment. I hereby allow this research project to publish the results of the study in which I am participating. These results will be reported in group form only.

This study has been approved by CSUSB's Department of Psychology Institutional Review Board and is being conducted by Faith H. McClure, Ph.D., & M. Jean Peacock, Ph.D., Psychology Department, California State University, San Bernardino, (909) 880-5598./880-5579 I may contact Professors McClure or Peacock at any time with my questions, comments, or concerns. If I have any further questions, comments, or concerns about the study or the informed consent process, I may also contact the CSUSB Human Subjects Institutional Review Board through the Office of the Dean of Graduate Studies, AD 128, (909) 880-5027.

By placing an "X" on the line below I am acknowledging that I freely consent to participate and that I am at least 18 years old.

_____ Place Check Mark here

_____ Date

PLEASE NOTE THAT YOUR RESPONSES ARE STRICTLY CONFIDENTIAL. PLEASE TRY TO ANSWER AS MANY QUESTIONS AS POSSIBLE TO THE BEST OF YOUR KNOWLEDGE. THANK YOU FOR YOUR PARTICIPATION.

1. Your sex (circle one) a. male b. female
2. Your age at last birthday _____
3. Your marital status?
 1. Single (never married)
 2. Married
 3. Separated
 4. Divorced
 5. Widowed
4. When you were age 12, what was the highest educational level (grade) of:
 1. your father
 2. your mother
5. At age 12, what was your family's yearly income (your best estimate). Please circle the number which applies:
 1. \$5,000/yr or less (\$416/mo or less)
 2. \$5,000/yr to \$9,999/yr (\$417/mo to \$832/mo)
 3. \$10,000/yr to \$14,999/yr (\$833/mo to \$1249/mo)
 4. \$15,000/yr to \$19,999/yr (\$1250/mo to \$1666/mo)
 5. \$20,000/yr to \$29,999/yr (\$1667/mo to \$2499/mo)
 6. \$30,000/yr to \$50,999/yr (\$2500/mo to \$4166/mo)
 7. \$50,000/yr or more (\$4167/mo or more)
6. At age 12, which of the following best describes the neighborhood in which you lived?
 1. Urban poor (e.g., mainly low-income dwellings, high unemployment, etc.)
 2. Stable working-class (e.g., mainly small, relatively inexpensive private homes)
 3. Transitional working-class (e.g., combination of low-income dwellings, small private homes, etc.)
 4. Stable middle-class (e.g., medium size and medium priced homes, educated residents)
 5. Upper middle-class or better (e.g., large, expensive homes rather affluent neighbors)
7. At age 12, which of the following best described your family's social status? (please circle)
 1. Unemployed
 2. Unskilled laborer
 3. Skilled, blue collar worker
 4. Skilled, white collar worker (e.g., sales, clerical, service jobs, etc.)
 5. Manager
 6. Professional (e.g., nurse, teacher)
 7. Executive, high-income Professional
8. Which of the following best describes your birth family's racial background? (please circle)
 1. Afro-American
 2. Latino
 3. White
 4. Asian
 5. Other _____ (please specify)

It is now generally realized that most people have sexual experiences as children and while they are still growing up. Some of these are with friends and playmates, and some with relatives and family members. Some are very upsetting and painful, and some are not. Some influence people's later lives and sexual experiences, and some are practically forgotten. Only a little is known about these childhood sexual experiences. We would like you to remember any sexual experiences you may have had prior to **age 16** (from playing doctor to sexual intercourse) -- in fact, anything that might have seemed "sexual" to you.

9. Did you have any of the following experiences **before age 16 with someone 5 or more years older than you** (family, friends, strangers)? Please circle all that apply:

- a. An invitation or request to do something sexual
- b. Kissing or hugging in a sexual way
- c. Another person showing you his/her sex organs
- d. You showing your sex organs to another person
- e. Another person fondling you in a sexual way
- f. You fondling another person in a sexual way
- g. Another person touching your sex organs
- h. You touching another person's sex organs
- i. Intercourse, but without attempting penetration
- j. Intercourse, with penetration

If no such experience, mark here () and proceed to question 25.

If you did have one of these experiences, please answer the following questions for the one sexual experience noted above that has had the most impact on you:

10. How old were you at the time

11. How old was the other person

12. What was their sex (please circle)

- 1. male
- 2. female

13. What was the other person (please circle all that apply):

- 1. stranger
- 2. person you knew but not a friend
- 3. friend of yours
- 4. friend of a parent
- 5. niece or nephew
- 6. brother or sister
- 7. aunt or uncle
- 8. grandparent
- 9. step-parent
- 10. parent

14. Who started this? (please circle):

- 1. other person
- 2. you

15. Did the other person threaten or force you?:

- 1. yes
- 2. no

16. Did you threaten or force the other person?:

- 1. yes
- 2. no

17. Did the other person use alcohol or drugs during this time?:

- 1. yes
- 2. no

18. Did you use alcohol or drugs during this time?:

1. yes 2. no

19. How many times did you have a sexual experience with this person? _____

20. How long (number of days, months, years) did this go on? _____

21. Which of these would best describe your reaction at the time of the experience? (please circle):

1. fear 2. shock 3. surprise
4. pleasure 5. interest 6. other _____(specify)

22. Which of these would best describe your current feelings about the experience? (please circle):

1. positive 2. mostly positive 3. neutral 4. mostly negative 5. negative

23. Who did you tell about this experience? (please circle):

1. no one 2. mother 3. father
4. other adult 5. brother/sister 6. friend

24. How did the individual you told react? (If you did not tell anyone, how do you think a parent would have reacted if you had told them?):

- A. ANGRY 1. very 2. mildly 3. a little 4. not at all
B. SUPPORTIVE 1. very 2. mildly 3. a little 4. not at all

EVERYONE IS REQUESTED TO ANSWER THE FOLLOWING:

For questions 25-28, please indicate if you experienced this (yes or no) and how upsetting it was using the following scale:

- 1 = not upsetting
2 = a little upsetting
3 = moderately upsetting
4 = highly upsetting
5 = extremely upsetting

how upsetting

25. Before age 16, did you ever live in a neighborhood that was in the middle of a war zone?

yes no 1 2 3 4 5

26. Before age 16, did you ever live in a neighborhood that experienced a major natural disaster (eg. earthquake, flood, hurricane, in which someone was killed)?

yes no 1 2 3 4 5

Everyone gets into conflicts with other people, sometimes these lead to physical blows or violent behavior. When you were **16 or younger**, how often did the following happen to you in a year? Answer for your mother or stepmother or foster mother, and for your father, stepfather or foster father using the following code:

0 = never	4 = 4-10 times a year
1 = once a year	5 = 11-20 times a year
2 = twice a year	6 = more than 20 times a year
3 = 3-5 times a year	

	<u>Mother</u>	<u>Father</u>
41. Slap you	1 2 3 4 5 6	1 2 3 4 5 6
42. Hit you really hard	1 2 3 4 5 6	1 2 3 4 5 6
43. Beat you	1 2 3 4 5 6	1 2 3 4 5 6
44. Punch you	1 2 3 4 5 6	1 2 3 4 5 6
45. Kick you	1 2 3 4 5 6	1 2 3 4 5 6

Here is a list of things people report experiencing. Please circle how often you have experienced each of the following in the last three months.

HOW OFTEN DID YOU:	<u>Not At</u> <u>All</u>	<u>Occas-</u> <u>ionally</u>	<u>Fre-</u> <u>quently</u>	<u>Very</u> <u>Often</u>
46. Have headaches	1	2	3	4
47. Feel nervous or shaky inside	1	2	3	4
48. Unable to get rid of bad thoughts or ideas	1	2	3	4
49. Suffer from fainting or dizziness	1	2	3	4
50. Feeling outside of your body	1	2	3	4
51. Experience loss of sexual interest or pleasure	1	2	3	4
52. Feel critical of others	1	2	3	4
53. Have bad dreams	1	2	3	4
54. Experience difficulty speaking when you are excited	1	2	3	4
55. Have trouble remembering things	1	2	3	4
56. Worry about sloppiness or carelessness	1	2	3	4
57. Not feeling like your real self	1	2	3	4
58. Feel easily annoyed or irritable	1	2	3	4

HOW OFTEN DID YOU:	<u>Not At</u> <u>All</u>	<u>Occas-</u> <u>ionally</u>	<u>Fre-</u> <u>quently</u>	<u>Very</u> <u>Often</u>
59. Suffer from pains in the heart or chest	1	2	3	4
60. Suffer from itching	1	2	3	4
61. Feeling slowed down or low in energy	1	2	3	4
62. Have thoughts of ending your life	1	2	3	4
63. "Spacing Out"	1	2	3	4
64. Sweating	1	2	3	4
65. Trembling	1	2	3	4
66. Feel confused	1	2	3	4
67. Have poor appetite	1	2	3	4
68. Cry easily	1	2	3	4
69. Losing touch with reality	1	2	3	4
70. Feel shy or uneasy with the opposite sex	1	2	3	4
71. Have feelings of being trapped or caught	1	2	3	4
72. Feel suddenly scared for no reason	1	2	3	4
73. Have temper outbursts you could not control	1	2	3	4
74. Suffer from constipation	1	2	3	4
75. Watching yourself from far away	1	2	3	4
76. Blame yourself for things	1	2	3	4
77. Feeling blocked or stymied in getting things done	1	2	3	4
78. Feeling lonely	1	2	3	4
79. Suffer from pains in the lower part of your back	1	2	3	4
80. Feeling blue	1	2	3	4
81. Worry or stew about things	1	2	3	4
82. Feel no interest in things	1	2	3	4
83. Feel fearful	1	2	3	4

HOW OFTEN DID YOU:	<u>Not At</u> <u>All</u>	<u>Occas-</u> <u>ionally</u>	<u>Fre-</u> <u>quently</u>	<u>Very</u> <u>Often</u>
84. Get your feelings easily hurt	1	2	3	4
85. Have to ask others what you should do	1	2	3	4
86. Feel that others do not understand	1	2	3	4
87. Feel that people are unfriendly or dislike you	1	2	3	4
88. Having to do things very slowly to be sure that you are doing them right	1	2	3	4
89. Feel your heart pounding or racing	1	2	3	4
90. Experience nausea or upset stomach	1	2	3	4
91. Feel inferior to others	1	2	3	4
92. Suffer from sore muscles	1	2	3	4
93. Suffer from loose bowels	1	2	3	4
94. Have difficulty falling asleep or staying asleep	1	2	3	4
95. Have to check and double check what you do	1	2	3	4
96. Have difficulty making decisions	1	2	3	4
97. Want to be alone	1	2	3	4
98. Have trouble getting your breath	1	2	3	4
99. Hot or cold spells	1	2	3	4
100. Having to avoid certain places or activities because they frighten you	1	2	3	4
101. Your mind going blank	1	2	3	4
102. Numbness or tingling in parts of your body	1	2	3	4
103. A lump in your throat	1	2	3	4
104. Feeling hopeless about the future	1	2	3	4
105. Trouble concentrating	1	2	3	4
106. Weakness in parts of your body	1	2	3	4
107. Feeling tense or keyed up	1	2	3	4
108. Heavy feelings in your arms or legs	1	2	3	4

Please indicate your views of the following statements on a scale of
1 (strongly agree) to 6 (strongly disagree)

	STRONGLY AGREE				STRONGLY DISAGREE	
	1	2	3	4	5	6
109. Misfortune is likely to strike worthy, decent people	1	2	3	4	5	6
110. People are naturally unfriendly and unkind	1	2	3	4	5	6
111. Bad events are distributed to people at random	1	2	3	4	5	6
112. Human nature is basically good	1	2	3	4	5	6
113. The good things that happen in this world far outnumber the bad	1	2	3	4	5	6
114. The course of our lives is largely determined by chance	1	2	3	4	5	6
115. Generally, people deserve what they get in this world	1	2	3	4	5	6
116. I often think I am no good at all	1	2	3	4	5	6
117. There is more good than evil in the world	1	2	3	4	5	6
118. I am basically a lucky person	1	2	3	4	5	6
119. People's misfortunes result from mistakes they have made	1	2	3	4	5	6
120. People don't really care what happens to the next person	1	2	3	4	5	6
121. I usually behave in ways that are likely to maximize good results for me	1	2	3	4	5	6
122. People will experience good fortune if they themselves are good	1	2	3	4	5	6
123. Life is too full of uncertainties that are determined by chance	1	2	3	4	5	6
124. When I think about it, I consider myself very lucky	1	2	3	4	5	6
125. I almost always make an effort to prevent bad things from happening to me	1	2	3	4	5	6
126. I have a low opinion of myself	1	2	3	4	5	6
127. By and large, good people get what they deserve in this world	1	2	3	4	5	6
128. Through our actions we can prevent bad things from happening to us	1	2	3	4	5	6
129. Looking at my life, I realize that chance events have worked out well for me	1	2	3	4	5	6

Please indicate your views of the following statements on a scale of
1 (strongly agree) to 6 (strongly disagree)

	STRONGLY AGREE				STRONGLY DISAGREE	
130. If people took preventive actions, most misfortune could be avoided	1	2	3	4	5	6
131. I take the actions necessary to protect myself against misfortune	1	2	3	4	5	6
132. In general, life is mostly a gamble	1	2	3	4	5	6
133. The world is a good place	1	2	3	4	5	6
134. People are basically kind and helpful	1	2	3	4	5	6
135. I usually behave so as to bring about the greatest good for me	1	2	3	4	5	6
136. I am very satisfied with the kind of person I am	1	2	3	4	5	6
137. When bad things happen, it is typically because people have not taken the necessary actions to protect themselves	1	2	3	4	5	6
138. If you look closely enough, you will see that the world is full of goodness	1	2	3	4	5	6
139. I have reason to be ashamed of my personal character	1	2	3	4	5	6
140. I am luckier than most people	1	2	3	4	5	6

141. Have you ever received any mental health services? (please circle all that apply):

1. outpatient individual therapy
2. outpatient group therapy
3. inpatient therapy (hospitalization)
4. psychiatric medication
5. none

141. If received mental health services, please state reason
and indicate # suicide attempts if any _____.

142. Have you ever had a serious physical illness or been in a serious accident?
1. yes 2. no

143. If yes, please explain (include type of illness/accident, when it occurred, and treatment received):

144. Did either of your parents die before you were age 17?:
1. yes 2. no

145. If yes, how old were you at the time? _____

Answer the following questions about the adult who was most important to you before the age of 18.

1. Who was it (check one)

_____ Mother

_____ Father

_____ Grandmother

_____ Adult Brother

_____ Adult Sister

_____ Grandfather

_____ Aunt

_____ Uncle

_____ Minister/Rabbi/Priest

_____ Neighbor

_____ Teacher

_____ Other (Please Specify)

2. How old were you when this relationship became important to you? _____

3. How often did you see this person?

_____ times/week

_____ times/month

_____ times/year

4. How long did this relationship last? _____ Years _____ months

5. On a scale of 1 - 10, how important was this relationship to you? (Please circle one).

1

2

3

4

5

6

7

8

9

10

Instructions: Please respond to the following statements with your family of origin (the family you grew up with) in mind. To what extent are these statements true of the family you grew up in? There are no right or wrong answers, we would like to know how you see/saw your family. Please circle the number that best applies:

1=almost never;

2=sometimes;

3=often;

4=almost always;

	Almost Never	Sometimes	Often	Almost Always
1. Family members really help and support one another.	1	2	3	4
2. Family members often keep their feelings to themselves.	1	2	3	4
3. We fight a lot in our family.	1	2	3	4
4. We don't do things on our own very often in our family.	1	2	3	4
5. We feel it is important to be the best at whatever you do.	1	2	3	4
6. We often talk about political and social problems	1	2	3	4
7. We spend most weekends and evenings at home.	1	2	3	4
8. Family members attend church, synagogue, or Sunday School fairly often.	1	2	3	4
9. Activities in our family are pretty carefully planned.	1	2	3	4
10. Family members are rarely ordered around.	1	2	3	4
11. We often seem to be killing time at home.	1	2	3	4

	1=almost never;	2=sometimes;	3=often;	4=almost always;
12. We say anything we want to around home.	1	2	3	4
13. Family members rarely become openly angry.	1	2	3	4
14. In our family, we are strongly encouraged to be independent.	1	2	3	4
15. Getting ahead in life is very important in our family.	1	2	3	4
16. We rarely go to lectures, plays or concerts.	1	2	3	4
17. Friends often come over for dinner or to visit.	1	2	3	4
18. We don't say prayers in our family.	1	2	3	4
19. We are generally very neat and orderly.	1	2	3	4
20. There are very few rules to follow in our family.	1	2	3	4
21. We put a lot of energy into what we do at home.	1	2	3	4
22. It's hard to "blow off steam" at home without upsetting somebody.	1	2	3	4
23. Family members sometimes get so angry they throw things.	1	2	3	4
24. We think things out for ourselves in our family.	1	2	3	4
25. How much money a person makes is not very important to us.	1	2	3	4
26. Learning about new and different things is very important to us.	1	2	3	4
27. Nobody in our family is active in sports, Little League, bowling, etc.	1	2	3	4
28. We often talk about the religious meaning of Christmas, Passover, or other holidays.	1	2	3	4
29. It's often hard to find things when you need them in our household.	1	2	3	4
30. There is one family member who makes most of the decisions.	1	2	3	4
31. There is a feeling of togetherness in our family.	1	2	3	4
32. We tell each other about our personal problems.	1	2	3	4
33. Family members hardly ever lose their tempers.	1	2	3	4
34. We come and go as we want to in our family.	1	2	3	4
35. We believe in competition and "may the best man win".	1	2	3	4
36. We are not that interested in cultural activities.	1	2	3	4

	1=almost never;	2=sometimes;	3=often;	4=almost always;
37. We often go to movies, sports events, camping, etc.	1	2	3	4
38. We don't believe in heaven or hell	1	2	3	4
39. Being on time is very important in our family.	1	2	3	4
40. There are a set of ways of doing things at home.	1	2	3	4
41. We rarely volunteer when something has to be done at home.	1	2	3	4
42. If we feel like doing something on the spur of the moment we often just pick up and go.	1	2	3	4
43. Family members often criticize each other.	1	2	3	4
44. There is very little privacy in our family.	1	2	3	4
45. We always strive to do things just a little better the next time.	1	2	3	4
46. We rarely have intellectual discussions.	1	2	3	4
47. Everyone in our family has a hobby or two.	1	2	3	4
48. Family members have strict ideas about what is right and wrong.	1	2	3	4
49. People change their minds often in our family.	1	2	3	4
50. There is a strong emphasis on following rules in our family.	1	2	3	4
51. Family members really back each other up.	1	2	3	4
52. Someone usually gets upset if you complain in our family.	1	2	3	4
53. Family members sometimes hit each other.	1	2	3	4
54. Family members almost always rely on themselves when a problem comes up.	1	2	3	4
55. Family members rarely worry about job promotions, school grades, etc.	1	2	3	4
56. Someone in our family plays a musical instrument.	1	2	3	4
57. Family members are not very involved in recreational activities outside work or school.	1	2	3	4
58. We believe there are some things you just have to take on faith.	1	2	3	4
59. Family members make sure their rooms are neat.	1	2	3	4
60. Everyone has an equal say in family decisions.	1	2	3	4
61. There is very little group spirit in our family.	1	2	3	4

	1=almost never;	2=sometimes;	3=often;	4=almost always;
62. Money and paying bills is openly talked about in our family.	1	2	3	4
63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.	1	2	3	4
64. Family members strongly encourage each other to stand up for their rights.	1	2	3	4
65. In our family, we don't try that hard to succeed.	1	2	3	4
66. Family members often go to the library	1	2	3	4
67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).	1	2	3	4
68. In our family each person has different ideas about what is right and wrong.	1	2	3	4
69. Each person's duties are clearly defined in our family.	1	2	3	4
70. We can do whatever we want to in our family.	1	2	3	4
71. We really get along well with each other.	1	2	3	4
72. We are usually careful about what we say to each other.	1	2	3	4
73. Family members often try to one-up or out-do each other.	1	2	3	4
74. It's hard to be by yourself without hurting someone's feelings in our family.	1	2	3	4
75. "Work before play" is the rule in our family.	1	2	3	4
76. Watching T.V. is more important than reading in our family.	1	2	3	4
77. Family members go out a lot.	1	2	3	4
78. The Bible is a very important book in our home.	1	2	3	4
79. Money is not handled very carefully in our family.	1	2	3	4
80. Rules are pretty inflexible in our household.	1	2	3	4
81. There is plenty of time and attention for everyone in our family.	1	2	3	4
82. There are a lot of spontaneous discussions in our family.	1	2	3	4
83. In our family, we believe you don't ever get anywhere by raising your voice.	1	2	3	4
84. We are not really encouraged to speak up for ourselves in our family.	1	2	3	4

1=almost never; 2=sometimes; 3=often; 4=almost always;

- | | | | | |
|--|---|---|---|---|
| 85. Family members are often compared with others as to how well they are doing at work or school. | 1 | 2 | 3 | 4 |
| 86. Family members really like music, art and literature. | 1 | 2 | 3 | 4 |
| 87. Our main form of entertainment is watching T.V. or listening to the radio. | 1 | 2 | 3 | 4 |
| 88. Family members believe that if you sin you will be punished. | 1 | 2 | 3 | 4 |
| 89. Dishes are usually done immediately after eating. | 1 | 2 | 3 | 4 |
| 90. You can't get away with much in our family. | 1 | 2 | 3 | 4 |

Before you were age 18, did either of your parents (or whomever you lived with primarily) drink alcohol (e.g., beer, wine, hard liquor) or use other drugs (e.g., marijuana, crack, tranquilizers) ?

- | 1. Yes No | Please circle the number that best describes the extent to which they did: | | | | |
|-------------------------------------|--|--------|-----------|-------|------------|
| | never | seldom | sometimes | often | very often |
| 2. My parents used alcohol or drugs | 1 | 2 | 3 | 4 | 5 |

In the past year how often have you done the following? Please circle the number that best applies:

- | | never | seldom | sometimes | often | very often |
|--|-------|--------|-----------|-------|------------|
| 3. Drunk alcohol (e.g. beer, wine, hard liquor) | 1 | 2 | 3 | 4 | 5 |
| 4. Drunk more than 3 drinks at one time | 1 | 2 | 3 | 4 | 5 |
| 5. Smoked cigarettes | 1 | 2 | 3 | 4 | 5 |
| 6. Smoked marijuana or hashish | 1 | 2 | 3 | 4 | 5 |
| 7. Used hard drugs (e.g. crack, heroin) | 1 | 2 | 3 | 4 | 5 |
| 8. Gotten high or drunk | 1 | 2 | 3 | 4 | 5 |
| 9. Used prescription drugs (that were not prescribed for you, or in a way that the physician did not intend for you to use them) | 1 | 2 | 3 | 4 | 5 |
| 10. Eaten food more than you wanted to or more than you felt was you should | 1 | 2 | 3 | 4 | 5 |
| 11. Engaged in sexual activity more than you wanted to or more than you felt was you should | 1 | 2 | 3 | 4 | 5 |

In the past year how often have you done the following? Please circle the number that best applies:

- | | never | seldom | sometimes | often | very often |
|--|-------|--------|-----------|-------|------------|
| 12. Spent money more than you wanted to or more than you felt was you should | 1 | 2 | 3 | 4 | 5 |
| 13. Gambled more than you wanted to or more than you felt was you should | 1 | 2 | 3 | 4 | 5 |

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

1 = strongly disagree
2 = somewhat disagree
3 = slightly disagree

4 = slightly agree
5 = somewhat agree
6 = strongly agree

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Sometimes I change the way I act or think to be more like those around me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. In general, I feel I am in charge of the situation in which I live. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I am not interested in activities that will expand my horizons. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Most people see me as loving and affectionate. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I feel good when I think of what I've done in the past and what I hope to do in the future. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. When I look at the story of my life, I am pleased with how things have turned out. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. The demands of everyday life often get me down. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. In general, I feel that I continue to learn more about myself as time goes by. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Maintaining close relationships has been difficult and frustrating for me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. I live life one day at a time and don't really think about the future. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. In general, I feel confident and positive about myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. My decisions are not usually influenced by what everyone else is doing. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. I do not fit very well with the people and the community around me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. I am the kind of person who likes to give new things a try | 1 | 2 | 3 | 4 | 5 | 6 |

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

1 = strongly disagree
2 = somewhat disagree
3 = slightly disagree

4 = slightly agree
5 = somewhat agree
6 = strongly agree

- | | | | | | | |
|--|---|---|---|---|---|---|
| 16. I often feel lonely because I have few close friends with whom to share my concerns. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. I tend to focus on the present, because the future nearly always brings me problems. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. I feel like many of the people I know have gotten more out of life than I have. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. I tend to worry about what other people think of me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. I am quite good at managing the many responsibilities of my daily life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. I don't want to try new ways of doing things – my life is fine the way it is. | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. I enjoy personal and mutual conversations with family members or close friends. | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. I have a sense of direction and purpose in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. Given the opportunity, there are many things about myself that I would change. | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. Being happy with myself is more important to me than having others approve of me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. I often feel overwhelmed by my responsibilities. | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. I think it is important to have new experiences that challenge how you think about yourself and the world. | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. It is important to me to be a good listener when close friends talk to me about their problems. | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. My daily activities often seem trivial and unimportant to me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 30. I like most aspects of my personality. | 1 | 2 | 3 | 4 | 5 | 6 |
| 31. I tend to be influenced by people with strong opinions. | 1 | 2 | 3 | 4 | 5 | 6 |

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

1 = strongly disagree
2 = somewhat disagree
3 = slightly disagree

4 = slightly agree
5 = somewhat agree
6 = strongly agree

- | | | | | | | |
|--|---|---|---|---|---|---|
| 32. If I were unhappy with my living situation, I would take effective steps to change it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 33. When I think about it, I haven't really improved much as a person over the years. | 1 | 2 | 3 | 4 | 5 | 6 |
| 34. I don't have many people who want to listen when I need to talk. | 1 | 2 | 3 | 4 | 5 | 6 |
| 35. I don't have a good sense of what it is I'm trying to accomplish in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 36. I made some mistakes in the past, but I feel that all in all everything has worked out for the best. | 1 | 2 | 3 | 4 | 5 | 6 |
| 37. People rarely talk me into doing things I don't want to do. | 1 | 2 | 3 | 4 | 5 | 6 |
| 38. I generally do a good job of taking care of my personal finances and affairs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 39. In my view, people of every age are able to continue growing and developing. | 1 | 2 | 3 | 4 | 5 | 6 |
| 40. I feel like I get a lot out of my friendships. | 1 | 2 | 3 | 4 | 5 | 6 |
| 41. I used to set goals for myself, but that now seems like a waste of time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 42. In many ways, I feel disappointed about my achievements in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 43. It is more important to me to (fit in) with others than to stand alone on my principles. | 1 | 2 | 3 | 4 | 5 | 6 |
| 44. I find it stressful that I can't keep up with all of the things that I have to do each day. | 1 | 2 | 3 | 4 | 5 | 6 |
| 45. With time, I have gained a lot of insight about life that has made me a stronger, more capable person. | 1 | 2 | 3 | 4 | 5 | 6 |
| 46. It seems to me that most other people have more friends than I do. | 1 | 2 | 3 | 4 | 5 | 6 |
| 47. I enjoy making plans for the future and working to make them a reality. | 1 | 2 | 3 | 4 | 5 | 6 |

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

1 = strongly disagree
2 = somewhat disagree
3 = slightly disagree

4 = slightly agree
5 = somewhat agree
6 = strongly agree

- | | | | | | | |
|---|---|---|---|---|---|---|
| 48. For the most part, I am proud of who I am and the life I lead. | 1 | 2 | 3 | 4 | 5 | 6 |
| 49. I have confidence in my own opinions, even if they are contrary to the general consensus. | 1 | 2 | 3 | 4 | 5 | 6 |
| 50. I am good at juggling my time so that I can fit everything in that needs to get done. | 1 | 2 | 3 | 4 | 5 | 6 |
| 51. I have the sense that I have developed a lot as a person over time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 52. People would describe me as a giving person, willing to share my time with others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 53. I am an active person in carrying out the plans I set for myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 54. I envy many people for the lives they lead. | 1 | 2 | 3 | 4 | 5 | 6 |
| 55. It's difficult for me to voice my own opinions on controversial matters. | 1 | 2 | 3 | 4 | 5 | 6 |
| 56. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything. | 1 | 2 | 3 | 4 | 5 | 6 |
| 57. I do not enjoy being in new situations that require me to change my old familiar ways of doing things. | 1 | 2 | 3 | 4 | 5 | 6 |
| 58. I have not experienced many warm and trusting relationships with others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 59. Some people wander aimlessly through life, but I am not one of them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 60. My attitude about myself is probably not as positive as most people feel about themselves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 61. I often change my mind about decisions if my friends or family disagree. | 1 | 2 | 3 | 4 | 5 | 6 |
| 62. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do. | 1 | 2 | 3 | 4 | 5 | 6 |
| 63. For me, life has been a continuous process of learning, changing, and growth. | 1 | 2 | 3 | 4 | 5 | 6 |

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

1 = strongly disagree
2 = somewhat disagree
3 = slightly disagree

4 = slightly agree
5 = somewhat agree
6 = strongly agree

- | | | | | | | |
|--|---|---|---|---|---|---|
| 64. I often feel like I'm on the outside looking in when it comes to friendships. | 1 | 2 | 3 | 4 | 5 | 6 |
| 65. I sometimes feel as if I have done all there is to do in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 66. Many days I wake up feeling discouraged about how I have lived my life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 67. I am not the kind of person who gives in to social pressures to think or act in certain ways. | 1 | 2 | 3 | 4 | 5 | 6 |
| 68. My efforts to find the kinds of activities and relationships that I need have been quite successful. | 1 | 2 | 3 | 4 | 5 | 6 |
| 69. I enjoy seeing how my views have changed and matured over the years. | 1 | 2 | 3 | 4 | 5 | 6 |
| 70. I know that I can trust my friends, and they know they can trust me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 71. My aims in life have been more a source of satisfaction than frustration to me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 72. The past had its ups and downs, but in general, I wouldn't want to change it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 73. I am concerned about how other people evaluate the choices I have made in my life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 74. I have difficulty arranging my life in a way that is satisfying to me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 75. I gave up trying to make big improvements or changes in my life a long time ago. | 1 | 2 | 3 | 4 | 5 | 6 |
| 76. I find it difficult to really open up when I talk with others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 77. I find it satisfying to think about what I have accomplished in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 78. When I compare myself to friends and acquaintances, it makes me feel good about who I am. | 1 | 2 | 3 | 4 | 5 | 6 |

Please respond to each of the following items by circling the number that most closely corresponds to what you believe is accurate for you, on a scale ranging from (1) strongly disagree to (6) strongly agree.

1 = strongly disagree
2 = somewhat disagree
3 = slightly disagree

4 = slightly agree
5 = somewhat agree
6 = strongly agree

- | | | | | | | |
|---|---|---|---|---|---|---|
| 79. I judge myself by what I think is important,
not by the values of what others
think is important. | 1 | 2 | 3 | 4 | 5 | 6 |
| 80. I have been able to build a home and a lifestyle
For myself that is much to my liking. | 1 | 2 | 3 | 4 | 5 | 6 |
| 81. There is truth to the saying that you can't
teach an old dog new tricks. | 1 | 2 | 3 | 4 | 5 | 6 |
| 82. My friends and I sympathize with each
others' problems. | 1 | 2 | 3 | 4 | 5 | 6 |
| 83. In the final analysis, I'm not so sure that
my life adds up to much. | 1 | 2 | 3 | 4 | 5 | 6 |
| 84. Everyone has their weaknesses, but I seem
to have more than my share. | 1 | 2 | 3 | 4 | 5 | 6 |
| 85. In general, I feel I am in charge of the
situation in which I live. | 1 | 2 | 3 | 4 | 5 | 6 |

DEBRIEFING

Thank you for participating in this study. As indicated in the informed consent form, the purpose of the study is to examine the relationship between childhood experiences, family environment, assumptions people have about themselves and events in their life, and current adjustment. It is hoped that the results of this study will help us gain an increased understanding of how these variables are related. We are, in particular, interested how they either increase or decrease the likelihood of good functioning in adulthood.. We are also interested in finding out if childhood experiences and their impact differ in men and women and in people of different ethnic backgrounds.

If you have had a stressful childhood experience and would like to talk to a counselor or join a support group, there are several available local resources. These include CSUSB's Student Counseling Center (housed in the Health Center, 880-5040), the Psychology Department's Community Counseling Center (housed in the trailers on the north side of campus, 880-5569), San Bernardino County's Department of Mental Health (387-7053) and Riverside County's Department of Mental Health (358-4500). Information about local support groups may also be obtained from the California Self-Help Center, toll free (800) 222-link.

The results of this project will be available Spring 2001. If you have any questions about this research project or would like to find out what the results are when completed, please contact:

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Thank you.